



City of Wichita, Department of Park & Recreation Registration Form – 2010 Lifeguard Training

GENERAL INSTRUCTIONS

Funding for these free Lifeguard Training Programs is provided by the Career Development Office with a Federal Community Services Block Grant through the Kansas Resources Corporation. As part of the Grant Requirements, all areas of the application should be completed in full as we are required to keep statistics on customers that are selected for training. In some cases you may be asked to bring in documentation of address and income. You will be notified of that request at the time of acceptance. Class space is limited.

PARTICIPANT INFORMATION

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Alt. #: _____

E-mail Address: _____ School: _____ Grade: _____

Birthdate: _____ Age: _____ Gender: ☐ M ☐ F

Doctor Name: _____ Dr's. Phone: _____

Medications: _____

Medical Conditions: _____

Class Registering for: ☐ Lifeguard Readiness (3/29/10) ☐ Lifeguard Training (4/9/10)

Do you need transportation assistance? ☐ Yes ☐ No

HOUSEHOLD INFORMATION *(Parent/Guardian answers the question if participant is under the age of 18. Participant completes the questions if age 18 or older.)*

Parent/Guardian Name *(only if different from applicant)*: _____

Relationship to Participant: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____ Alt. #: _____

Ethnicity: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hispanic Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> American Indian Alaskan Native | <input type="checkbox"/> Other: Please identify _____ |

Living Situation: (Check the answer) Do you

- | | |
|--|--|
| <input type="checkbox"/> Own your own home | <input type="checkbox"/> Rent your dwelling |
| <input type="checkbox"/> Live in temporary housing | <input type="checkbox"/> Live in a shelter |
| <input type="checkbox"/> Live with friend/relative/other | <input type="checkbox"/> Other: Please identify: _____ |

(NOTE: If age 18 and older, you are considered the head of the household and the following information applies only to yourself, spouse and children under your care.)

Household: (Check the answer) Is your household

- ☐ Two parents ☐ One parent: Male or Female head of household
☐ Single individual ☐ Other: Please identify _____

How many people live in your home? _____ How many children? _____

Is anyone in your household disabled? ☐ Yes ☐ No If yes, who? _____

Does anyone in your household have health insurance? ☐ Yes ☐ No

If yes, who? _____

Income: (Check all that apply) Do you have

- ☐ TAF (SRS Worker _____) ☐ Unemployment
☐ Social Security ☐ None
☐ Other: Please Identify: _____
☐ Wages

*What was the amount of your last 6 months of income (prior to taxes): _____

****mandatory information required to determine eligibility***

*Parent/Guardian Signature: _____ Date: _____
(required only if participant is under the age of 18)

*Participant Signature: _____ Date: _____

****Statement of Understanding:*** I hereby certify that the above information is correct and that I have completed the application to the best of my ability.

DELIVER, MAIL, E-MAIL OR FAX COMPLETED FORM TO:

Barbara McGuire
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455 N. Main – 11th Floor
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268-4192
Fax: 316-858-7611
e-mail: bmcguire@wichita.gov